2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000106963

1. Entity Name
MAZAL REALTY INC.

Principal Place of Business	Mailing Address
6701 NW 7TH STREET SUITE 156 MIAMI, FL 33126	6701 NW 7TH STREET SUITE 156 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

05212004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3717132
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AKERMAN, BERNARDO
STREET ADDRESS	6701 NW 7TH ST
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	S
NAME	AKERMAN, ABRAHAM
STREET ADDRESS	6701 NW 7TH ST.
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VP
NAME	AKERMAN, LARRY
STREET ADDRESS	6701 NW 7TH ST.
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	T
NAME	AKERMAN, SAMMY
STREET ADDRESS	6701 NW 7TH ST.
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/28/04-80003-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/21/04. 305-261-1156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #